No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1954

State File No. 54030

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4876

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 42 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7544 SUMMIT STREET

3. NAME OF DECEASED (Type or Print)
a. (First): KATHRYN
b. (Middle): ELLA
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 18, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 4, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (City and State or Foreign Country): HODGENVILLE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William J. DYER
13b. MOTHER'S MAIDEN NAME: ALICE WATHEN
14. NAME OF HUSBAND [redacted]: JESSE C. MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MR. JESSE C. MOORE - 7544 SUMMIT STREET KANSAS CITY, MISSOURI

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Esophageal Hemorrhage, multiple sites	14 days.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Esophageal Varices, multiple, severe	14 Months. (Known)
	DUE TO (c) Laennec's Cirrhosis of Liver, Advanced	"
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Hepatic Coma	11 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1953, *to* 18 Oct., 1954, *that I last saw the deceased alive on* 18 Oct., 1954, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Philip G. Kaul (Degree or title): Philip G. Kaul M.D.
23b. ADDRESS: 411 Nichols Road
23c. DATE SIGNED: 19 Oct. 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 20, 1954
24c. NAME OF CEMETERY OR CREMATORY: FLORAL Hills Cemetery
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 10-20-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. W. Newcomer and Son - 7331 BROOK CREEK KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 49

P. O. Address K.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.